

Dr. Marlene's NATURAL HEALTH CONNECTIONS

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CONTENTS

Lung Cancer Testing2

Colorectal
Cancer Testing.....2

Breast Cancer Testing.....3

Cervical Cancer Testing.....4

Prostate Cancer Testing.....4

The Anti-Cancer Diet.....5

Drink Electrolytes
in Hot Weather.....8

Food Photos
Can Be Useful.....9

Neuropathy Remedies10

Do Height and Weight
Change Carb Limits?.....12



Cancer Prevention: The Latest Evidence



How to use available tests for detecting cancer early, steps to take to reverse precancerous changes, and the key ingredients of an anti-cancer diet.

Although age is a big risk factor for cancer, the incidence of cancer among adults age 65 and older has decreased during the last few decades. However, cancer is the second-leading cause of death (after heart disease) in this age group and it's the top cause of death among Americans between the ages of 45 and 64.¹ Among younger adults, cancer rates are rising.

The problem is lack of prevention. We don't have tools to identify most precancerous changes — cells that become abnormal *before* they develop into cancers — or even to detect most cancers in their early stages.

In fact, there is no standard medical screening for cancers that account for nearly 70 percent of cancer deaths in this country.² And screenings are mostly early detection rather than true prevention, but it's a start. The earlier a cancer is detected, the more treatable it is.

The good news is that there are steps you can take to protect yourself. In addition to a healthy diet and lifestyle, there are tests for some of

the most common cancers, and if you understand how to use these, the odds increase in your favor.

Before I describe the tests, I want to put them into context. Some of my patients are reluctant to undergo conventional medical testing or procedures, and this can work against them.

I'm all for harnessing the power of nature to heal, with healthy foods, supplements, exercise, and other aspects of a healthy lifestyle. These are all essential parts of a healthy existence and reducing risk for cancer. However, there are times when conventional medical testing or treatment is also essential and can save lives.

As you may know, I see major problems with our healthcare system, but sometimes, its tools need to be used. The tests I'm going to describe are among those times.

**IN THE NEXT ISSUE:
Rheumatoid Arthritis:
Triggers and Remedies**

Conventional Cancer Tests

The routinely used cancer screening tests are for breast, cervical, and colorectal cancers. Tests for lung and prostate cancers are done for patients at above-average risk. Testing can catch cancer sooner, leading to less invasive treatment and better survival.

Despite this, cancer screening tests are not used by many eligible Americans. To help you make your own decisions about these tests, let's take a look at each one.

Dr. Marlene's

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Lung Cancer Testing

If lung cancer, the top killer, is detected and treated before it spreads, 63 percent of patients will likely survive for 5 years or more. Among those with lung cancer, 90 percent of men and 84 percent of women are or were smokers.

The test uses a non-invasive, low-dose CT scan. Only people between the ages of 50 and 80 who have smoked at least a pack per day for 20 years, or an equivalent amount, are eligible for insurance coverage. But only 18 percent of those who are eligible have currently received the test as recommended.³ You can calculate a person's smoking history online at www.lung.org/lung-health-diseases/lung-disease-lookup/lung-cancer/saved-by-the-scan/quiz.

Among the 10 percent of men and 16 percent of women who never smoked but get lung cancer, the causes are not fully understood. Contributing factors include exposure to secondhand smoke, radon, air pollution, and industrial chemicals and materials such as asbestos.

Among smokers and people exposed to asbestos, taking beta-carotene in supplements is linked to increased lung cancer risk.

If you want to receive the test but can't get it covered by insurance, it pays to compare discounted prices from online testing services, which vary from under \$200 to more than \$300.

Colorectal Cancer Testing

As use of screening has increased, rates of death from colorectal cancers have dropped by more than half in the last few decades.⁴ But still, not everyone who should get tested does so.

Screening for colorectal cancer is recommended for people between the ages of 45 and 75 and possibly to age 85, depending on an individual's health situation. How often it's done depends upon the type of test.

The colonoscopy is the gold standard of screening for cancers in the colon and rectum, collectively referred to as colorectal cancer. It's recommended every 5 to 10 years.

Did You Know?

Approximately 340 people die each day from lung cancer — nearly 2.5 times more than the number of people who die from colorectal cancer, which ranks second in cancer deaths.

Source: Siegel, R.L., et al. "Cancer statistics, 2024." *CA Cancer J Clin.* 2024;74(1):12-49.

Unlike other cancer tests, a colonoscopy is also a form of prevention because it not only looks for polyps — precancerous growths — it also removes them. The test also detects more advanced cancerous growths that need additional treatment. But it isn't always the first screening step.

For people with an average risk for colorectal cancer, two types of tests that use stool samples are not invasive and can be done at home.

One is a FIT test (short for fecal immunochemical test), available in drugstores and online for around \$15 for a single test. It can detect blood that you can't see in the stool. Blood in the stool may be a sign of cancer or other problems. Where several repeated FIT tests detect blood, a colonoscopy is usually the next step. If the result of a FIT test is negative, it should be repeated annually.

Cologuard is another type of home test, available only by prescription. It's usually recommended every one to three years. Medicare and many other health plans cover it; otherwise, the cost is around \$500 or more.

Cologuard looks for two things in the stool: blood and altered DNA, which indicates abnormal cells. The altered DNA may indicate cancer or precancerous polyps. As with a FIT test, if the Cologuard test detects blood or altered DNA, a colonoscopy is likely the next step.

The at-home stool tests are not a prerequisite for a colonoscopy. If you aren't already getting tested and are considered to be at average risk, one of the home tests is a good first step.

Breast Cancer Testing

Current recommendations for routine breast cancer screening are aimed at women who are not genetically at high risk and need an individualized approach. (An earlier issue of this letter addressed genes and cancer; see *Related to This Topic* on page 6.)

The current guidelines call for mammograms every two years, starting at age 40 and continuing until age 74. But not all experts agree with these recommendations.

Some consider that screening should begin at age 50, which used to be our recommended starting age. Rates of death from breast cancer, which have been decreasing in this country, have also been decreasing in European countries such as Denmark and the United Kingdom, where mammograms are rarely done on women in their 40s. And the same trend of fewer deaths has been seen in Switzerland,

where mammograms are rarely done at any age.⁵

By the way, if you're wondering why mammograms are not routinely recommended after age 74, the reason might surprise you. Women age 75 and older have so rarely been included in studies that there is not enough evidence to recommend for or against screening at that stage of a woman's life.⁶

I know, it's confusing. But here's an important thing to know about mammograms: They detect abnormalities in breast tissues, including benign tumors, cysts, and breast cancers that have already developed. These include growths that cannot be detected by touch, which is valuable. However, this is detection after the fact. Is it possible to identify a problem earlier? Yes, with thermography.

What Is Breast Thermography?

Thermography is done with a special type of infrared camera that takes a picture of temperature differences within breast tissue. Hot spots, which appear as red in the image, indicate inflammation, whereas normal tissue is yellow, green, or blue.

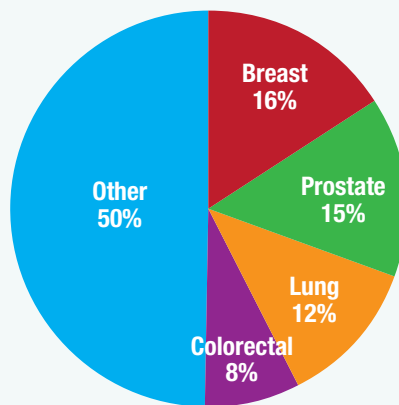
Hot spots on a thermogram do not indicate lumps or tumors and are not used to diagnose cancer. Rather, they indicate that some tissue is inflamed. The inflamed tissue can develop into cancer in the next 8 to 10 years. This is an effective early warning system.⁷

Unlike the machine used for mammograms, a thermography camera does not compress or even touch a woman's breasts and it does not use radiation. But as I said, it is not a tool for diagnosing breast

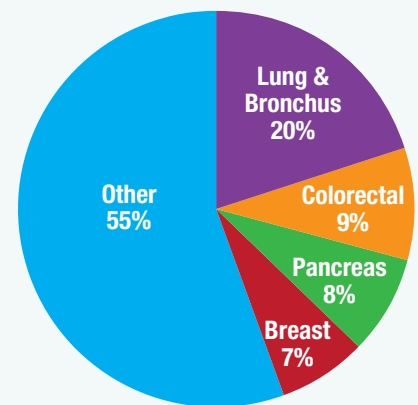
Cancer Incidence and Deaths

According to the National Cancer Institute, these are currently the most common cancers and the top killers:

Estimated New Cancer Cases in 2024



Estimated Cancer Deaths in 2024



About Skin Cancers

Skin cancers that are not typically deadly — basal cell and squamous cell cancers — are the most common types of cancer. They are not reported to cancer registries and are not included in compilations of cancer statistics.

cancer and should not be viewed as a replacement for mammograms.

I recommend thermograms to monitor breast health at any age. And if you have red hot spots, take action to calm that inflammation with dietary and lifestyle changes, which I'll describe in a moment.

When a breast thermogram is done for the first time, two scans are typically done about a month apart to get an accurate baseline. Then, a scan can be repeated once a year. While not generally covered by insurance, thermography is not super expensive, ranging from around \$150 or less to \$200.

Thermography can't be used to detect abnormalities that could become cancerous in other parts of the body. The breasts are unique in that they reside outside the main body cavity, which makes their normal temperature lower than the rest of the body. Because of this, thermography can detect hot spots that are early signs of abnormal tissue. This would not be useful for prevention of other cancers.

Cervical Cancer Testing

Infection with HPV (human papillomavirus) is a major, known risk factor for cervical cancer, and HPV vaccines are available to help prevent the cancer. However, there are many different viruses within the HPV family, and vaccines address only about half of these. Vaccines don't guarantee prevention of all HPV infection or full protection against cervical cancer.

Screening is recommended for women between the ages of 25 and 65. After that, women who have not had a positive test result within the previous ten years do not need to get tested.

The National Cancer Institute recommends a "primary HPV test" every five years. It is done in a doctor's office, using the same procedure as a pap smear. As well as testing for HPV, it collects samples of cells from the cervix. The test can detect precancerous cells and cancers, after a lab has analyzed samples. Cancer needs to be treated right away.

Precancerous cells may be removed by surgery, freezing, or laser treatment. However, I've found that changes in diet may also eliminate precancerous cells in a couple of months, and retesting can confirm this. But even if precancerous cells are removed, it's necessary to make dietary changes to prevent new ones from growing in the future — I'll explain how to do this in a moment.

Smoking and secondhand smoke are two things to avoid — any time but especially if you have precancerous cells in the cervix, as these increase risk for cervical cancer.

Screening and removal of precancerous growths have cut rates of cervical cancer in half since the 1970s.⁸ If you are due for a test, I recommend getting it done.

Prostate Cancer Testing

Prostate cancer screening is done with a PSA test. PSA is short for "prostate-specific antigen," a type of protein produced only in the prostate. The test checks PSA levels in the blood. It used to be widely recommended for older men but this is no longer the case, as it led to unnecessary biopsies and treatments that can have debilitating side effects.

Most prostate cancer is very slow growing and does not affect the man's survival. However, a small percentage of cases can be deadly.

One study tracked more than 2,100 American men with early-stage prostate cancer for over 10 years after their diagnosis. During that time, they received PSA and other noninvasive tests to see if the cancer was progressing — a practice known as "active surveillance." Researchers found that cancer in 49 percent did not progress and needed no treatment. Among those who needed treatment, fewer than 2 percent developed metastatic disease, and 1 percent died of prostate cancer.⁹

Current recommendations are that at age 50, men discuss with their doctor the pros and cons of PSA testing for them. And those who are African American or have

Diabetes and Cancer

Type 2 diabetes increases risk for many cancers, especially these:

Type of cancer	How much diabetes increases risk:
Liver	3.31 times
Pancreas	2.19 times
Uterus	1.78 times

Cancer Deaths

Type 2 diabetes increases risk of death from colorectal, breast, and prostate cancers. It also increases risk of premature death after treatment for any type of cancer. However, type 2 diabetes can be reversed or improved with the right diet.

Source: Bjornsdottir, H.H., et al. "A national observation study of cancer incidence and mortality risks in type 2 diabetes compared to the background population over time." Sci Rep. 2020 Oct 15;10(1):17376.

a brother or father who had prostate cancer before age 65 should have that discussion at age 45.

Prostate Cancer Symptoms

Unlike many other cancers, prostate cancer does have symptoms early on, such as urinary or sexual difficulties. If this is happening, do get your PSA level checked; it's only a blood draw. Extremely high PSA levels likely indicate cancer.

Be aware that physical stress on the prostate can produce a false elevated PSA level when there isn't any cancer. Such stress includes any activity that puts pressure on the prostate, such as sitting in a car during a long drive, a long bicycle ride, constipation and straining in the bathroom, or sexual activity. Avoid physically stressing your prostate before a PSA test.

Prostate discomfort could also stem from an enlarged prostate: benign prostate hyperplasia, or BPH for short. While BPH doesn't directly cause PSA to rise, the increased size of the prostate could lead to physical pressure, which can make PSA rise.

To avoid unnecessary biopsies or treatment, here's what I recommend if PSA levels are somewhat elevated: Wait two to six months and do the PSA test again. If the level continues to rise slightly, this indicates that something is happening with the prostate, but it may or may not be cancerous. And if it is cancer, it may not need treatment.

Meanwhile, follow an anti-cancer diet and perhaps do a cleanse; an earlier newsletter issue that describes how to do this is listed in *Related to This Topic* on page 6. If you're sedentary and overweight, try to get into

the habit of doing some regular physical activity, which can help.¹⁰ But if your PSA is somewhat elevated, make sure to get one or more follow-up tests to track the condition of your prostate.

Skin Cancer Detection

The most common skin cancers are the non-melanoma type: basal cell and squamous cell carcinomas. While these are not deadly or likely to spread if detected and treated, they should not be ignored or allowed to linger. And some skin growths may be a sign of melanoma, which is a deadly skin cancer that can metastasize.

Checking your skin for unusual growths is a first step. If something looks unusual or is rapidly changing, have a doctor check it out. If it is cancerous, it can easily be removed when it's caught early on.

If the non-deadly skin cancers appear repeatedly, it can indicate

DNA damage that raises risk for other cancers. One study found that people who developed six or more basal cell carcinomas during a ten-year period were 3.5 times more likely to develop other, unrelated cancers.¹¹

Sun exposure is the top trigger of skin cancers, so take common sense precautions: wear protective clothing and sunscreen when you're out in the sun. And don't ignore skin growths.

The Anti-Cancer Diet

We have built-in repair mechanisms that routinely kill off abnormal cells. When these repair mechanisms break down, cancer cells grow. Eating foods that support our body's inherent ability to repair itself can restore our internal repair system and prevent its breakdown in the future.

I've had patients who were diagnosed with abnormal cervical cells

About Dr. Marlene

Dr. Marlene Merritt's passion for natural medicine is fueled by her drive to help others and by her own experience of overcoming a debilitating heart condition, diagnosed at the age of 20. A competitive cyclist at the time, she suddenly began experiencing severe chest pains. Forced to quit the sport, she suffered from fatigue and chest pain for another 15 years, despite doing everything that conventional, Western medical doctors told her to do.

And then, the tide turned. A physician trained in naturopathic healing recommended a whole-food vitamin E supplement. A week after starting the supplement regimen, her energy began to return, and the pain began to disappear.

Dr. Marlene is a Doctor of Oriental Medicine, has a Master's degree and is board-certified in Nutrition, and is board-certified in Functional Medicine. She is certified in the Bredesen MEND Protocol™, a groundbreaking method of addressing Alzheimer's disease, and is a Proficiency Diplomate in the Shoemaker CIRS protocol for treatment of mold-related illness. She is the author of *Smart Blood Sugar* and *The Blood Pressure Solution*, and co-author of *The Perfect Sleep Solution*. After 31 years in private clinical practice, she now focuses on writing and educating health professionals and consumers to reach more people and positively impact their health.



who made significant changes in their diet for two months and then had a normal test result — no more abnormal cells. To be clear, this is not a cure for cancer. However, dietary changes can be powerful. And the right diet can help to prevent many types of cancer.

The basic anti-cancer diet is one that keeps insulin in a healthy range, as elevated insulin stimulates growth factors that promote development of abnormal cells.¹² Insulin rises in response to a high-carb diet, and it can be controlled with a low-carb diet. This mechanism is why type 2 diabetes magnifies risk for cancer.

Eating whole foods, rather than highly processed ones with many chemical and industrially altered ingredients, is another essential part of cancer prevention. And doing a cleanse is very helpful (see

Related to This Topic below for an earlier newsletter issue about how to do a cleanse).

Make garlic, onions, and cruciferous vegetables (such as broccoli and cauliflower) regular ingredients in your diet, as these help to eliminate toxins that contribute to cancer development, especially breast and prostate cancers. You can also take a supplement of DIM (diindolylmethane), which is the key detoxifying ingredient in cruciferous vegetables.

For a healthy colon, include foods that contain soluble fiber — grains, beans, jicama, and Carbonaut bread are some good sources — or take a psyllium supplement. And get some resistant starch, which is found in starchy foods that have been cooked and cooled, such as potatoes, rice (sushi rice is an

example), yams, pasta, and whole grains. Add these gradually to avoid digestive issues.

Aim to prepare your meals from fresh ingredients, rather than eating out or eating packaged foods with additives and unhealthy fats. Good supplements include a multivitamin, fish oil, and turmeric to lower inflammation.

In addition, regular exercise is linked to lower risk for breast, colon, prostate, endometrial, and possibly pancreatic cancer.

A Final Word


There is no guarantee that anyone will not develop cancer, but the tests I’ve covered can help to prevent some of the most common types. Equally important, the diet I’ve described in this and earlier newsletter issues can reduce your risk — and enhance your wellbeing in many other ways.

Related to This Topic

These are some earlier issues of this newsletter that address related topics:

Related Topic	Volume	Issue	Title
A Healthy Diet	7	1	My Low-Carb Diet — Fine-Tuned
Healthcare System Problems	6	11	Our Healthcare System (page 8)
Cancer and Lifestyle	4	2	5 Everyday Cancer Triggers and How to Avoid Them
Cancer and Genes	6	4	How to Reduce Your Risk for Cancer
How To Do a Cleanse	1	7	The 21-Day Energy Restoration Plan
Type 2 Diabetes	2	4	Type 2 Diabetes: The Roadmap to Recovery
Type 2 Diabetes	5	12	Top 20 Diabetes Questions Answered
Type 2 Diabetes	6	12	Diabetes Drugs and Supplements: Your Top Questions Answered

Access these online by logging in to www.NaturalHealthConnections.com.



1 2023 National Healthcare Quality and Disparities Report. Rockville (MD): Agency for Healthcare Research and Quality (US); 2023 Dec. Table 4. Five leading causes of death, by age group, based on age-adjusted deaths per 100,000 population, 2021.

2 Philipson, T.J., et al. "The aggregate value of cancer screenings in the United States: full potential value and value considering adherence." BMC Health Serv Res. 2023 Aug 7;23(1):829.

3 Bandi, P., et al. "Lung Cancer Screening in the US, 2022." JAMA Intern Med. 2024 Jun 10.

4 Zauber, A.G. "The impact of screening on colorectal cancer mortality and incidence: has it really made a difference?" Dig Dis Sci. 2015 Mar;60(3):681-91.

5 Rubin, R. "Despite New Recommendations, the Debate Over Mammography Guidelines Continues." JAMA. 2024 Jun 11;331(22):1877-1879.

6 US Preventive Services Task Force. "Screening for Breast Cancer." JAMA. 2024;331(22):1973-1974.

7 Rakhunde, M.B., et al. "Thermography as a Breast Cancer Screening Technique: A Review Article." Cureus. 2022 Nov 8;14(11):e31251.

8 Siegel, R.L., et al. "Cancer statistics, 2024." CA Cancer J Clin. 2024;74(1):12-49.

9 Newcomb, L.F., et al. "Long-Term Outcomes in Patients Using Protocol-Directed Active Surveillance for Prostate Cancer." JAMA. 2024 May 30:e246695.

10 Shephard, R.J. "Physical Activity and Prostate Cancer: An Updated Review." Sports Med. 2017 Jun;47(6):1055-1073.

11 Cho, H.G., et al. "Frequent basal cell cancer development is a clinical marker for inherited cancer susceptibility." JCI Insight. 2018 Aug 9;3(15):e122744.

12 Szablewski, L. "Insulin Resistance: The Increased Risk of Cancers." Curr Oncol. 2024 Feb 13;31(2):998-1027.

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Drink Electrolytes in Hot Weather

If you feel “wiped out” from summer heat, add some electrolytes to your water. Or during hot weather, prevent that loss of energy and muscle cramps by making it a habit to mix some electrolytes in a water bottle and drink some throughout the day, especially when you’re spending time outdoors.

Electrolytes are minerals that maintain a balance of fluids in our bodies; move nutrients in and waste out of cells; maintain normal function of nerves, muscles, and the heart; and keep blood pressure stable.¹ When we sweat, we lose electrolytes along with moisture.

Minerals in electrolyte supplements come in much smaller quantities than in mineral pills. And small quantities are all you need to maintain electrolyte balance. (Larger doses of minerals in capsules are for other functions in your body.)

Sodium and potassium are basic electrolytes that any electrolyte supplement should contain. Chloride, magnesium, and calcium are others that may be included. Some products also include other minerals and vitamins that are not essential for relieving effects of hot weather but can be helpful for overall nutrition.

As an alternative to ready-made electrolyte drinks, which can be high in sugar, electrolyte supplements come in packets of powders, tablets made to dissolve in water, or liquid concentrates that are mixed with water, with or without flavoring. Serving sizes are often designed for people who are playing sports or doing significant endurance exercise. At other times, for routine use, I suggest taking less than one serving. For example, mix one-quarter of a serving into a glass of water.

The choice of product really depends on your own preference. However, there is a carb-related point to be aware of: If an electrolyte supplement contains added sugar (not stevia or other sugar-free sweeteners), do count the carbs in your daily carb total. If you aren’t familiar with my low-carb approach, I encourage you to check out an earlier newsletter issue: Volume 7, Issue 1, *My Low-Carb Diet — Fine-Tuned*.



Doctors Lack Nutrition Education

So many of my patients have been amazed by the relief they’ve experienced as a result of changes in their diets. And often, they ask me, “Why didn’t my doctor tell me?” Or they asked their doctor for nutritional approaches before they came to see me and were told there was nothing they could do to relieve their condition other than taking medication for the rest of their lives.

How can this be? Sadly, those doctors didn’t know how to help their patients. Nutrition education in medical schools is lacking — tragically so.

A recent study examined

the state of nutrition education during medical training and found this: Most doctors believe that discussing nutrition is part of their role but feel that they lack the training to do so. And cursory advice to simply “lose some weight” often leaves patients feeling stigmatized and reluctant to get further medical attention.²

In 1985, the National Academy of Sciences reported that although the amount of nutrition education varied, averaging 21 hours, some medical schools included only three hours of instruction on the subject.

Since then, the amount of edu-

cation about nutrition in medical schools has dropped to an average of 11 hours. And there are no guidelines or standards for these classes. Some are led by students and others consist of cooking classes.³

There are exceptions: Medical doctors who recognize the need for more knowledge about nutrition and, after graduating from medical school, pursue further nutritional education. But as you may know, they are few and far between.

So, what can you do? Learn all you can about how food can enhance your health and take the necessary steps with your own diet.

1 Shrimanker, I., et al. “Electrolytes. [Updated 2023 Jul 24]. In: StatPearls [Internet].” Treasure Island (FL): StatPearls Publishing; 2024 Jan. 2 Gunsalus, K.T.W., et al. “Medical Nutrition Education for Health, Not Harm: BMI, Weight Stigma, Eating Disorders, and Social Determinants of Health.” *Medical Science Educator*. 2024 Apr;34:679–690. 3 Patel, P., et al. “Evaluating nutrition education interventions for medical students: A rapid review.” *J Hum Nutr Diet*. 2022 Oct;35(5):861-871.

Food Photos Can Be Useful

For whatever reason, many people like to photograph their food and share the images with others on social media. But food photos can also be a useful tool if you're trying to track what you eat to manage carbs and improve your diet. This was the finding of a recent study of 152 people by an international group of researchers.¹

It's tedious to stop and record your food intake every time you eat a meal or snack. It's easy to forget and then try to remember and write everything down at the end of the day. The research shows that this method is not completely accurate.

Taking a snapshot with your phone each time you eat or drink something during the day is a faster and more accurate way to track your diet. Later, you can use the photos to get a complete record

and analyze the carbs and other details about your food intake.



Use an App

An app, such as MyFitnessPal (www.myfitnesspal.com), can help you identify carbs and other nutritional content of the foods you eat. You will need to manually enter the foods and serving sizes, but that's easier than trying to find nutritional content in a food encyclopedia or different websites.

One word of warning: There are apps that aim to analyze carbs and other nutritional content directly from food photos by using artificial intelligence (AI). However, none of them guarantee complete accuracy, so they can give you a false picture.

I don't recommend constantly tracking everything you eat. However, when you are embarking on a new and improved diet, it's essential to track what you're eating for the first few days or so. Then, you will have a better sense of how your actual menu compares with your dietary goals and you can make adjustments accordingly.

Maybe you've been following my low-carb approach and have reached a plateau. Tracking all your food for a day or two can help identify hidden carbs that may be sabotaging your progress.

Fish Oil Reduces Aggression

Over the years, research has shown a connection between depression, suicide, aggressive or violent behavior, and consumption of fish or fish oil. These problems are less likely to occur among those who routinely eat a lot of fish or take fish oil supplements.

For example, a study of violent offenders found that they had very low levels of the omega-3 fats that are found in fish. In contrast, other research found lower homicide rates in countries where people eat a lot of fish.

A recent review at the University of Pennsylvania, in Philadelphia, looked at 28 related studies with more than 3,900 participants.² And it found strong evidence that fish oil reduces aggression. The effect is significant enough, researchers concluded, to recommend fish oil supplements to reduce aggression in children and adults.

Omega-3 fats in fish oil reduce chronic inflamma-

tion that contributes to type 2 diabetes, heart disease, and neurological problems. In addition to having a calming effect, it helps to reduce stiff joints and pain from arthritis and preserve mental function.

How To Benefit

Salmon, herring, mackerel, sardines, and anchovies are rich sources of omega-3 fats. Unfortunately, salmon is the only one of these that we're familiar with in this country, and even then many people don't eat it. So, I recommend taking 1,000 mg of fish oil daily, in addition to a multivitamin for basic nutritional support.

If you don't usually eat salmon, try some recipes. And if you're more adventurous, try some of the other fish I mentioned above. But unless you eat these fish regularly, at least a couple of times per week, do take fish oil supplements.

¹ Whitton, C., et al. "Accuracy of energy and nutrient intake estimation versus observed intake using 4 technology-assisted dietary assessment methods: a randomized crossover feeding study." *Am J Clin Nutr.* 2024 May 6;S0002-9165(24)00456-8. ² Raine, A., et al. "Omega-3 supplementation reduces aggressive behavior: A meta-analytic review of randomized controlled trials." *Aggression and Violent Behavior.* 2024 May 19.

Remedies for Neuropathy

Neuropathy is most often a complication of type 2 diabetes or a side effect of high blood sugar (prediabetes) that is not high enough to be diagnosed as diabetes but is, nevertheless, harmful. It can also be a side effect of chemotherapy, other health conditions such as rheumatoid arthritis or osteoarthritis, or the result of an injury.

Neuropathy is a type of nerve damage that causes tingling, numbness, and pain in the hands and feet and can lead to loss of feeling, balance problems, and difficulty walking. In advanced stages, it can lead to wounds that won't heal and serious infections in a toe, foot, or lower leg that may need surgical treatment. It can also affect the digestive and urinary systems.

If your blood sugar is somewhat high or you have type 2 diabetes, it's essential to take steps to lower blood sugar with a low-carb diet of whole foods and regular exercise. I've also had patients who had type 2 diabetes and neuropathy as a result of untreated sleep apnea, and in those cases a CPAP machine was essential to reverse both conditions.

B Vitamins Can Help

Vitamin B12 is often low in older people as a result of poor digestion (heartburn is a symptom). And some widely used drugs, such as heartburn medications and metformin for type 2 diabetes, deplete the vitamin. Although not everyone with low B12 has neuropathy, studies have found that people who do suffer from the condition are likely to lack B12.

Microcirculation

Improving microcirculation — blood flow through small blood vessels that feed the extremities — helps to maintain peripheral nerve function. Exercise will help. In addition, I've found that this daily nutritional regimen is especially beneficial:

- 1 clove of raw garlic
- 1/3 of a chocolate bar with 85 percent or more cacao
- 2-3 ounces of berries, preferably blueberries
- 3-4 cups of green tea
- 1 half-cup serving of cooked beets

A review of 53 studies found that B vitamins, especially vitamins B1 and B12, can help to relieve symptoms of neuropathy.¹ In the case of neuropathy associated with rheumatic diseases, one study found that vitamin B12 supplements were helpful even if lab tests showed that B12 levels were not low.²

I suggest taking a B complex supplement and additional B12.



Exercise Can Regenerate Nerves

The symptoms of neuropathy are caused by damaged peripheral nerves. Studies have found that exercise can help to regenerate those nerves to different degrees. Exercise reduces pain and numbness and improves balance and physical function.³ And it helps to control blood sugar.

One successful exercise program included both endurance and resistance exercise and lasted for ten weeks. In addition to symptom improvement, tests showed some regeneration of peripheral nerve fibers. Exercise programs have mainly been tested on people who suffered from neuropathy due to type 2 diabetes or chemotherapy.

You can try doing an exercise program by yourself and/or see a physical therapist who is accustomed to treating neuropathy. Many insurance plans cover physical therapy.

The Power of Diet and Exercise

Since elevated blood sugar is the most common cause of neuropathy, many of my patients have reduced symptoms and improved their nerve health with a customized low-carb diet and exercise. Research has also shown that this works.⁴ If blood sugar is above normal, the combination of a low-carb diet and exercise is a good starting point.

1 Stein, J., et al. "Association between neuropathy and B-vitamins: A systematic review and meta-analysis." *Eur J Neurol*. 2021 Jun;28(6):2054-2064. 2 Dulak, N.A., et al. "A new perspective on vitamin B12 deficiency in rheumatology: a case-based review." *Rheumatol Int*. 2024 Apr;44(4):737-741. 3 Chen, J., et al. "Molecular mechanisms of exercise contributing to tissue regeneration." *Signal Transduct Target Ther*. 2022 Nov 30;7(1):383. 4 Smith, A.G., et al. "Lifestyle intervention for pre-diabetic neuropathy." *Diabetes Care*. 2006 Jun;29(6):1294-9.

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When you're young, you have collagen galore. You can run, jump and bend with ease. But as you age you steadily lose it. And then you begin to have problems.

Starting at age 25, you lose 1% to 2% of your collagen each year. And at the same time your body's natural collagen production steadily declines.

By the time you're 55 or 60, your levels are significantly reduced, and you're making very little new collagen.

This shortfall sets the stage for the ailments we associate with aging—achy joints, weak bones and muscles, stiff arteries, and wrinkled and sagging skin.

Low levels of collagen can also cause leaky gut and digestive issues. That's because the lining of your intestines rely on collagen for structural integrity. The same is true for your arteries.

Why you need more collagen

Collagen is essential to your mobility, your muscle strength, and your joint comfort. It's also the key to smooth and flexible arteries. Youthful looking skin. Stronger hair and nails. And a healthy digestive system.

In fact, it makes up 75% of your skin. 80% of your ligaments. 90% of your tendons. 67% of your cartilage. And 30% of your bones.

Think of it as the glue that holds everything together. If you don't have enough, the whole system starts to break down.

Fortunately, there's an easy way to get the replacement collagen you need every day.

Introducing Primal Labs *Collagen Peptides*.

This high-collagen nutritional supplement is unflavored and mixes easily in water, tea, juice, soup and, of course, smoothies.

Each serving of **Collagen Peptides**...

- Provides 12.2 grams of high quality collagen from 3 sustainable sources, all non-GMO!
- Hydrolyzed for easy absorption and fast digestion
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- Mixes clump-free in hot or cold beverages

Primal Labs **Collagen Peptides** is ideal for replacing the collagen you've lost. **And right now, you can try our superior product at 20% off with a 100% money back guarantee.**

Please try Primal Labs **Collagen Peptides** risk-free for 60 days and see for yourself just how great the benefits are!

You don't have to be unhappy with what you see in the mirror. Or hindered by aches and pains. We've got your solution to graceful aging, right here...



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Q&A

Q: How much water should I drink with a supplement of HCL + pepsin to increase stomach acid when eating a meal? My supplement bottle says to drink 8–12 oz of water, but wouldn't this be counterproductive? — Renae P.

A: For anyone who is not familiar with this supplement — often called “betaine HCL and pepsin” — it increases stomach acid to help break down and digest food. It's taken immediately before a meal to help prevent indigestion and heartburn.

If this seems odd, here's why it's helpful: Pepsin is the main enzyme that breaks down protein. HCL, short for “hydrochloric acid,” is the same as your natural stomach acid. It activates the enzyme so that it can properly do its job. As we get older, levels of stomach acid decline, inhibiting the enzyme and the breakdown of food, and this leads to digestive issues.

I know, the usual heartburn remedy is to reduce stomach acid with heartburn drugs, but these are only approved for heartburn if taken for no more than 10–14 days, no more than a few times a year. (The drugs are also used short-term to treat ulcers and digestive diseases.) If heartburn drugs are used longer-term, continual suppression of stomach acid can worsen digestion and reduce absorption of essential nutrients. I cover this mechanism in more detail in an earlier issue of this

newsletter: Volume 1, Issue 6, *The 6-Minute Heartburn Remedy*.

Your question is a good one. Too much water or another beverage with a meal will dilute stomach acid and make it more difficult to easily digest food.

How much is too much? As with most things, individual reactions vary. Although 8–12 ounces is a reasonable amount, I wouldn't drink more than that with a meal. That total would include water and any other beverage you may have.

Do you need that much water? No. You need enough water with your HCL supplement to swallow it and make sure that it goes all the way down into your stomach. That could be one or a few mouthfuls of water.

Never chew an HCL supplement as it is very acidic, and acidity damages tooth enamel.

One other important point: The water should not be ice water. Pepsin and other enzymes in your stomach are designed to work at normal body temperature. Ice water can significantly lower the temperature in your stomach and stop the enzymes from working.

This holds true even if you aren't taking an HCL supplement. Water or other drinks that are room temperature, warm, or somewhat cool — not in a glass loaded with ice — are okay.

Q: Is the daily carb target of 60 grams the same for people of all sizes, ages, and activity levels?

— Scott C.

A: Age, height, and weight don't change my recommendation to eat no more than 60 grams of carbs daily



from the most common sources of carb overload. Those sources are foods made with grains, fruit, starchy vegetables and legumes, and drinks that contain natural or added sugar. However, it is possible that some people may need a lower carb total to achieve their goals.

Activity can make a difference by enabling your body to efficiently metabolize a bit more carbs without raising blood sugar to unhealthy levels. But this applies only to a *lot* of physical activity. For example, when I spend several hours or more on a bike ride, I can use more carbs than usual. People who train for marathons or routinely go for long runs are another example.

Do you have a question for Dr. Marlene?

Send your health-related questions to drmarlene@naturalhealthconnections.com. Please include your first name and the initial of your last name. Although she cannot answer each question directly, Dr. Marlene will select a few in each newsletter and will address other questions and concerns in articles in future issues. Answers are intended for educational purposes only and should not be viewed as medical advice. If you need help with your subscription or have questions about Primal Health supplements, email support@primalhealthlp.com or call 877-300-7849.